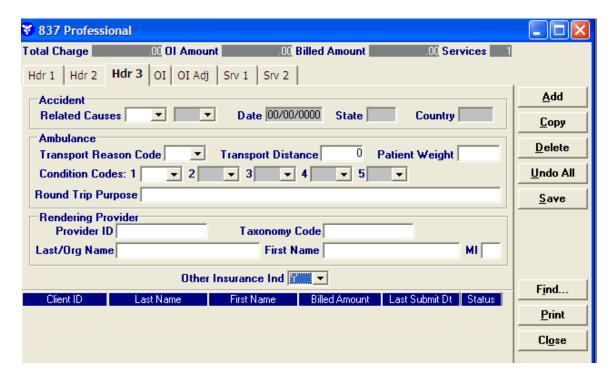


Rhode Island Medicaid PES Instructions - Billing Other Insurance

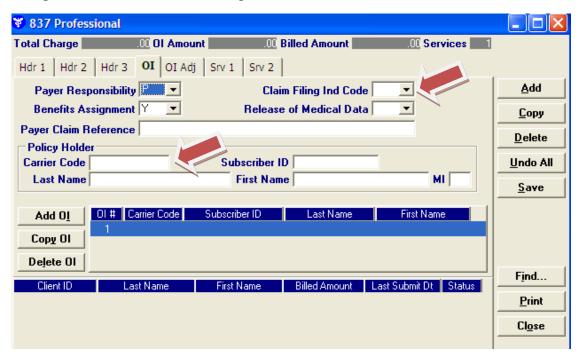


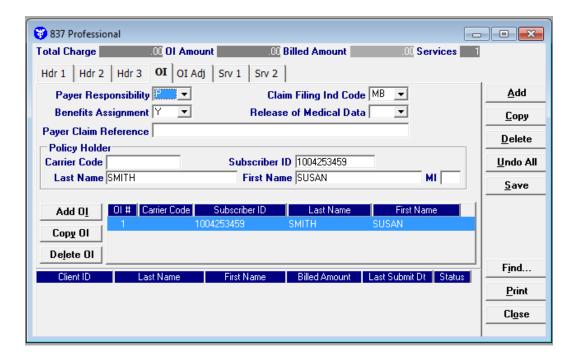
Once information has been entered on Hdr 1, Hdr 2 and Hdr 3 per the 837 professional claim instructions change the Other insurance indicator from the default "N" to "Y" as shown below. Two additional tabs will now be visible between Hdr 3 and Srv 1.



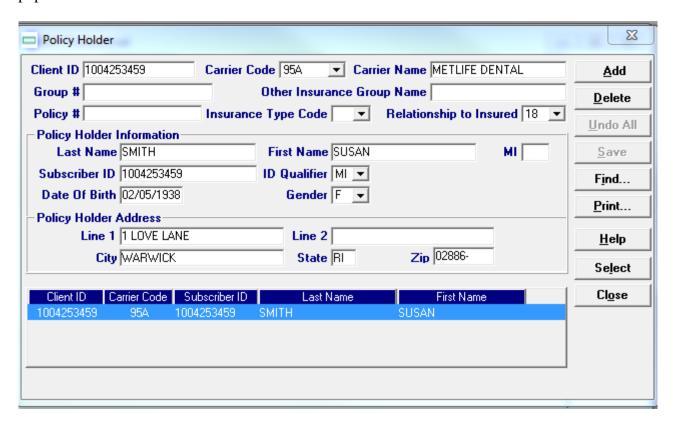
Payer Responsibility is defaulted to "P" leave as is. Select the appropriate value in the claim filing indicator drop down box. Make a selection for release of medical data.

Once this step is complete, Tab to the carrier field box. If this is the first entry for this recipient, double click in the Carrier Code field and go to the next example. If this is not the first entry for this recipient, select the recipient information from the drop-down menu

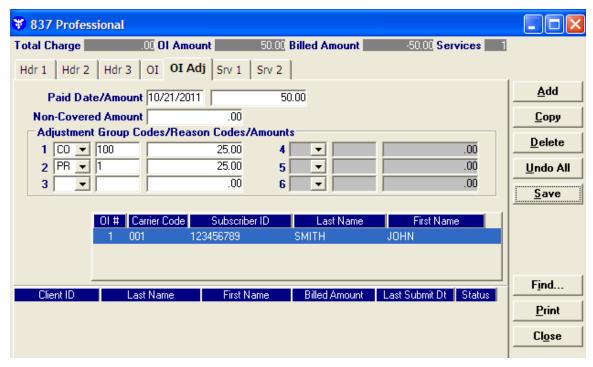




Enter the Medicaid ID in the Client ID field. Select the valid value for the Carrier Code from the drop down box, hit the tab button and the carrier name will be populated. Select the relationship to the insured. Enter policy holder information. When all information is entered select save then chose Select to populate the carrier information on the OI tab.



Provide other insurance payment in the **Paid Date** and **Amount Paid** fields. This amount will be deducted from your billed amount. Enter the valid value for the **Adjustment Group Code** along with the **Reason Code**. All of the dollar amounts entered must equal the total dollar amount billed for this claim. The Non-Covered Amount field is not required. This field can only be used **without** Adjustment Group and Reason Codes.



Required information for the SRV 1 and SRV 2 tabs should be completed per the instructions for the 837 Professional claim.